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An Occupational Lifestyle Redesign Programme to Improve Happiness and Life Satisfaction

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Background: This programme targets community living clients with emotional or sleep disturbance, anxiety and dissatisfaction with present life style. It aims at promoting happy lifestyle through happiness inducing activities, goal setting and health qigong Baduanjin in a small group format. The objective of this study was to investigate the effectiveness of an occupational lifestyle redesign programme. **Methods:** Forty-nine subjects (12 male, 37 female; age range from 45 to 87 with mean age 69.34 years old) were recruited from two district elderly centres and one general out-patient clinic (GOPC) starting in 2007. Subjects were allocated into seven groups undergoing and eight-session lifestyle redesign programme. The WHO-5 Well Being Index (WHO-5), Life Satisfaction Scale (LSS; Hong Kong Chinese version) and General Happiness Scale (GHS; Hong Kong Chinese version) were used as outcome measures. Data were captured at pre and post-programme. Subjects from GOPC were also assessed again at 3-month and 6-month follow-up. **Results:** Seven subjects dropped out of the programme. Results of the remaining 42 subjects were analyzed by paired sample *t* tests using SPSS. There were significant differences between the pre- and post-test scores for all assessments, the WHO-5 ($p=.001$; 95% CI, -5.434, -1.633), LSS ($p=.009$; 95% CI, -4.405, -0.668), and GHS ($p=.000$; 95% CI, -5.699, -2.001). Analysis of the GOPC groups ($n=17$) showed significant difference also in the pre- and 6-month follow-up scores for the GHS ($p=.025$; 95% CI, -0.873, -3.162). **Conclusion:** This programme seems effective in improving happiness and life satisfaction for community living clients.

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Daily Activities Amount Pilot Study Among Single and Elderly Couples Living in a Large Scale Apartment Complex

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Background: Single and elderly couples living in large scale apartment complexes in Saitama prefecture were at risk of becoming housebound due to chronic diseases. This study aimed at examining their daily active time to offer essential supports to maintain their lives in the community. This study was done in a multidisciplinary way. **Methods:** Participants were 26 elderly people who showed consent and their average age was 73.8 ± 6.4 . The daily active time was recorded with life wrist recorders which measured their movements in two months from December 2008. A questionnaire also was used to obtain basic data concerning histories of illness, pain and family members they were living with. **Results:** The average daily active time was below 100 minutes and 10 people showed below 60 minutes. Nine (45%) lived alone and eight (40%) lived with their spouses. Sixteen people (61.5%) had lower back pain, 11 (42.4%) had hypertension and eight (30.8%) had osteoporosis in histories. Fourteen people (53.8%) had pain but mild only. Eighteen people did not have outing opportunities but only housekeeping activities, 13 people had outings to hospitals regardless of pain, although the vast majority had regular lifestyles. **Conclusion:** The risk of becoming homebound was not high according to the Ministry of Welfare and Labor in Japan; however, their active time was low. Essential measures will be offering supports to maintain outing opportunities and education to prevent falls. Future studies will examine community resources and physical obstacles.

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Activity Elements that Affect Fulfilment and Sense of Life

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Background: It is obvious that activities such as art and crafts are important for elderly people in a nursing home. But nursing homes having financial problems tend to have less care workers than they used to which leads situations where they can no longer afford recreational activities. As a result, a survey was administered that aimed to show how activities play important roles in quality of life (QOL) for elderly people in a nursing home. **Methods:** Twenty elderly people who regularly took part in some activities such as Japanese calligraphy, flower arrangement, pottery, and physical exercises in a group were interviewed. There were ten questions about how they thought regarding their activities and sense of fulfilment in their lives. Another survey was conducted for care workers about how they perceived positive signs from elderly people after joining some activities. **Results:** The people were categorized into two groups according to their results. One group answered rather positive about their lives while the other group did not. There were two questionnaires which related to positive feelings toward their lives; one was intensity of fondness of their activities and the other involved subjective feelings of "no fatigue" after joining a favourite activity. **Conclusion:** How much they liked the activity was important for their sense of fulfilment of life. Since the element of autonomy is said to be concerned with happiness, it would be useful to enhance QOL by being consciously aware when we use activities.

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The Use of Premorbid MBI and Admission MMSE Scores in Predicting Functional Outcomes at Discharge for Geriatric Fracture Hip Programme

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Background: Hospitals of Hong Kong West Cluster under Hospital Authority started implementing geriatric fracture hip clinical pathway in 2007. Occupational therapy departments of Queen Mary Hospital, Fung Yiu King Hospital and MacLehose Medical Rehabilitation Centre collected modified Barthel Index (MBI) scores, Mini-mental State Examination (MMSE) scores during the rehabilitation pathway. **Methods:** Initial assessments were conducted by the case occupational therapists to the patients recruited into the pathway in Queen Mary Hospital. Age, premorbid functional status (premorbid MBI), admission MMSE scores were collected. Data was input for linear regression analysis in predicting the discharge MBI score collected at rehabilitation and convalescent hospitals. **Results:** Two hundred and seventy-four subjects were recruited in the period from 2007 to 2009 including 71 male and 203 female with mean age of 82.01 years. The overall model was revealed to be significant ($R=.767$, $F=119.268$, $p<.001$) and the stepwise regression showed quite a good fit ($R^2=.589$). The prediction equation for the discharged MBI score was: Discharged MBI = $48.899 + 0.539$ premorbid MBI + 0.987 MMSE - 0.514 age. For both the premorbid MBI and MMSE scores, better scores at admission would be predictive of better discharge scores. As expected, the older in age was predictive of lower discharge MBI scores. **Conclusion:** Patients' age, premorbid MBI and MMSE scores were shown to be predictive of their discharge MBI scores. The results suggested that classification of patients according to the above variables may be useful for allocating patients into the appropriate pathway and better preparing them for discharge.